

NEWS NOTES

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PROPOSED MEDICAL RESEARCH CENTER  
OUTLINED BY MAJ. GEN. N. T. KIRK

Major General Norman T. Kirk, Army Surgeon General, announced proposed plans for an Army Medical Research and Graduate Training Center at a press preview of Medical Department's exhibit booked July 1-5 for American Medical Association's 95th annual session in San Francisco.

The proposed Army center would be located at Forest Glen, Maryland. It is the site of National Park College which was converted to a convalescent hospital during the war to care for Walter Reed General Hospital patients. When the project is approved it will take approximately 12 years to construct.

With an eye toward post-war responsibilities of the Army Medical Department, such a center will consolidate Army research activities. Information gleaned in all Army laboratories now scattered throughout the United States and Panama would become available at the center. And, rare maladies encountered would be subjected to expert civilian and military scientific study as patients suffering such diseases would be transferred to a 1,000 bed general hospital which will be established in the center for clinical observation.

General Kirk has expressed a desire to have the general hospital and Army Institute of Pathology erected first with other buildings to follow. Other proposed installations are an Army Institute of Research Medicine and Dentistry, Army Institute of Research Surgery and Radiation Therapy, Army School of Global Medicine and an administration building.

The school of global medicine was born during World War II as American troops pushed into remote corners of the Arctic and the tropics and encountered little-known maladies.

Primarily devoted to basic research and graduate training, the Army is not in a position at this time to estimate how many laboratories would be

MORE



## PROPOSED MEDICAL RESEARCH CENTER OUTLINED BY MAJ. GEN. W. T. KIRK (Continued)

discontinued in the field and placed in the proposed center. Further, many laboratories are strategically located with reference to study of certain endemic diseases, the permanent location of specialized troops such as Armored Forces and Chemical Warfare and with regard to accessibility to civilian medical equipment and laboratories.

It is certain that Army Institute of Pathology would be located at the center as soon as possible. World renowned, the pathology institute comprises Department of Pathology, American Registry of Pathology, Army Medical Illustration Service and Army Medical Museum. Founded during the Civil War, Army Institute of Pathology, formerly the Army Medical Museum, occupied its present quarters in 1887. Its 19th Century offices are now totally inadequate.

General Kirk explained that careful study had been given the present Army Medical Center grounds at Walter Reed General Hospital. Not more than two of the proposed units could be constructed in space immediately available.

Forest Glen, which is near District of Columbia and adjacent to Rock Creek Park, a national site, is large enough to accommodate the proposed center in the present and future. All research installations could be housed there and living quarters maintained for military scientists and caretaking personnel and civilian medical scientists who might be employed under United States Civil Service ratings. Further, garrison life would be possible with a parade ground and other military requisites available.

General Kirk emphasized that the proposed center was still in the planning stage and had not received War Department approval.

### MEDICAL DEPARTMENT EXHIBIT PRAISED BY NEWSMEN AT PRESS CONFERENCE

First comprehensive exhibit covering Medical Department advances during World War II provoked the nod of approval from critical newsmen June 3 in Exhibit Section Warehouse, Washington, D. C.

The exhibit, plus many features not shown in the press premier, will be displayed at the 95th annual session of American Medical Association in San Francisco from July 1 to July 5. A showing in the nation's capital is planned in the fall.

One other showing has been tentatively scheduled for October 9, 10, and 11 in Detroit, Mich., when the Association of Military Surgeons of the United States meets. Numerous other requests from abroad and Latin-American countries are under consideration at present.



## MEDICAL DEPARTMENT EXHIBIT PRAISED BY NEWSMEN AT PRESS CONFERENCE (Cont'd)

Arranged in 14 component parts, the exhibit runs the gamut of Medical Department activities. It covers an area of about half that of a football field and features every means of graphic representation of Medical Department accomplishments.

It was constructed after six-months work under expert supervision of Army Medical officers and civilian experts. Many former Medical Department officers have volunteered to don their uniforms again for a period of Temporary Duty during which they will assist in presentation of the exhibit in San Francisco.

Medical Department officers have estimated that if a medical scientist were to give each and every presentation his close attention, it would take him 72 hours to cover the exhibit. From an opening message of welcome by General Kirk, the show features every phase of work carried out under the Office of The Surgeon General.

Colorful charts give the story of Army health, moving pictures never before shown outside of military medicine circles and actual application of certain equipment developed through the war feature the exposition. Top-notch exhibitions provided the show by Army Air Forces School of Aviation Medicine and Medical Department of the Army Ground Forces round out the exhibit.

### PROSTHETICS COMMISSION REPORTS ON STUDIES OF EUROPEAN METHODS

Outstanding aspects of European Developments in artificial limbs and surgical techniques for amputation cases have just been reported in person to Secretary of War Robert P. Patterson and Major General Norman T. Kirk, The Surgeon General of the Army, by the group of scientists recently sent to England, France and Germany for this purpose.

This mission was headed by Dr. Paul E. Klopsteg, Chairman of the Committee appointed by the National Research Council last year to engage in a broad program of research in this field. This research was started at the Surgeon General's request, and is now under the joint sponsorship of the Army and the Veterans Administration. The group making the European study was made up jointly of members of the committee and of The Surgeon General's staff, and included surgeons specializing in amputation cases and research engineers.

Dr. Klopsteg told Secretary Patterson that no other country is conducting a program of research in this field in any way comparable to the great effort here for which the Army has already provided \$1,000,000. While it was found that the work in this country on most aspects of the problem is far advanced when compared with that in Europe, and that the materials for and construction of artificial limbs are superior here, information of significant value was obtained from the European studies.



## PROSTHETICS COMMISSION REPORTS ON STUDIES OF EUROPEAN METHODS (Continued)

Of particular interest to Secretary Patterson were certain improvements in cineplastic surgery and two developments in the design of artificial legs.

Cineplastic surgery consists of surgical treatment to establish "muscle motors" through eyelet "tunnels", made in muscles of the arm-stump and lined with normal skin of the arm. By means of these, motions of an artificial hand can be controlled by cables connected with ivory pegs passed through the "tunnels". The general principle of this surgical technique has been known for years and has been occasionally employed in this country as well as in Germany where it was first developed, but it has been generally regarded as of limited effectiveness. Dr. Klopsteg's group now finds that a Dr. Max Lebsche of Munich has made improvements in the operation by which he substantially increases both the power which can be exerted and the "excursion" -- that is the amount of motion possible. Through intensive practice in muscular control his patients have been able to operate their artificial hands quite readily. One, two or perhaps three "motors" may be inserted in different arm, or even in chest, muscles to enable the amputee to perform wrist or finger motions. Manipulation of fingers is, of course, an important goal of research for arm amputees. With the improvements in artificial arms now in process and expected from the great research program now under way here, the hope is that this new cineplastic surgery can be employed to make a marked increase in the range of things amputees can do with their man-made arms.

Another result of the group's studies in Germany was the demonstration of the almost universal use there of artificial legs with "suction sockets" for above-the-knee amputees. This consists of a method of holding the leg on by a vacuum in the socket, which can be released by a valve when it is desired to take the leg off. Such a socket had been invented in this country many years ago but it had never been generally adopted because of apprehension that it would cause skin irritation for many patients. The extensive use of such sockets in Germany over the past fifteen years is, the committee felt, the equivalent of years of research in showing that, at least in temperate climates, the skin of most patients is not too sensitive for this type of fitting. A great advantage of this socket is that the cumbersome harness around the waist or over the shoulders, which other above-the-knee artificial legs require, can be entirely dispensed with. On the other hand, the suction type requires continued study for further improvement.

Another development in artificial legs reported by the group is a German device for hydraulic control of the knee joint for above-the-knee amputees. In this the joint may be at will made to hold weight or to flex. This is done by remote control by a valve actuated by the hand or by the abdominal muscles through a special belt. Under such control the leg, when bent at the knee, can carry weight, enabling the amputee to climb stairs or inclined planes and to walk with greater assurance over rough or slippery ground. This would overcome problems which have been difficult ones for above-the-knee amputees, particularly those with double amputations.



## PROSTHETICS COMMISSION REPORTS ON STUDIES OF EUROPEAN METHODS (Continued)

Dr. Klopsteg reported to the Secretary and The Surgeon General that he was confident that artificial legs embracing these improvements could be greatly further developed by American scientists and qualified contractors.

He also expressed confidence that the new development in cineplastic surgery, when used in conjunction with improved types of artificial arms, now in process of development or which can be evolved from the present research program, would make a marked favorable change in the prospect for many arm amputees.

Greatly encouraged by this report in his efforts to provide better help for amputees, Secretary Patterson directed that the War Department continue to give every possible support, financial and otherwise, to the Committee's research program, and stated that he proposed to ask the direct aid of certain other large corporations with great research divisions to speed up the work still further. Several such companies are already so engaged under contracts with the Committee.

COL. RAYMOND E. DUKE SLATED FOR CHIEF, EDUCATION & TRNG. SERV., SGO

On July 1, Col. Raymond E. Duke, Acting Chief of Training Division, Office of The Surgeon General, will become Chief on July 1 to succeed Col. Floyd L. Wergeland who left June 15 for temporary duty in Sweden.

Once before in their military careers the two officers have been in similar circumstances. In August of 1941, upon completion of courses at Command and General Staff School, Leavenworth, Kan. where Col. Wergeland was a classmate, Col. Duke succeeded Col. Wergeland as Director of the Department of Training, Medical Field Service School, Carlisle Barracks, Carlisle, Pa.

Col. Wergeland will spend 60 days in Sweden as guest of the Swedish Government and Maj. Gen. David S. Lindsjo, Surgeon General of the Swedish Defense Forces. He will study the Forces medical organization and confer with Swedish military officials on medical training matters.

In returning to the United States, Col. and Mrs. Wergeland, who will accompany him, will visit in Oslo, Norway, home of Col. Wergeland's parents before they immigrated to the United States. He was born four months later in Great Falls, Montana. Upon his return in late August, Col. Wergeland expects an overseas assignment.

Col. Duke is holder of the Bronze Star, awarded when he was Normandy Base Section Surgeon in 1944, and wears the French Croix de Guerre. He went overseas from his directorship assignment at Carlisle Barracks in November, 1943. Until July, 1944, when he went to France, he was stationed in the Operations Division of the Chief Surgeon's Office, England. In the same office was Col. Howard W. Doan, recently appointed Executive Officer, SGO.



## COL. RAYMOND E. DUKE SLATED FOR CHIEF, MEDUCATION & TRNG. SERV., SGO (Cont'd)

Col. Duke served in Normandy until July, 1945, when he was redeployed directly to the Phillipines where he was again assigned to the Operations Division of the Chief Surgeon's Office. In January, 1946, he was named Base Section Surgeon, Base X, in the Manila area. He served there until ordered back to the States in April of this year.- and assigned to the Office of The Surgeon General.

After high school in San Bernadino, Calif., Col. Duke completed a pre-medical course at Oregon State College, Corvallis, Ore. He received his Medical Degree from the University of Oregon, Portland, Ore., in 1934 and served his internship in King County Hospital, Seattle, Wash.

He entered the service in January, 1936, as a reserve officer and was appointed First Lieutenant, Regular Army, in June of that year at Ft. Lewis, Wash. The next month he entered Army Medical School, Army Medical Center, Walter Reed General Hospital, Washington, D. C. From January until June, 1937, Col. Duke served at Medical Field Service School, Carlisle Barracks.

In June he went to Ft. Sill, Okla., as Ward Officer. He returned to Carlisle Barracks in August, 1938, as hospital company commander in the 1st Medical Regiment. Both Col. Duke and Col. Wergeland were assigned to Command and General Staff School, from Carlisle Barracks in July, 1941, where they were roommates.

## GENERAL BAYNE-JONES ASSUMES CIVILIAN ROLE

After four distinguished years of service in the Office of the Surgeon General, Brigadier General Stanhope Bayne-Jones, USA, will return to the ivy halls of Yale University as Professor of Bacteriology. While in the Army, he was on leave of absence from Yale.

When General Bayne-Jones was discharged he was Deputy Director of Preventive Medicine Service. Early this year he was awarded the Distinguished Service Medal for "his outstanding contribution to the maintenance of health within the Army". As administrator of the Army Epidemiological Board, he directed the extension, administration and military application of the world-wide research and control program conducted by this board and its ten commissions.

General Bayne-Jones was named president of the Army Epidemiology Board for the coming fiscal year starting 1 July. He was also appointed consultant to the Secretary of War to supervise the closing out of activities of the United States of America Typhus Commission.

A noted educator, General Bayne-Jones was Dean of the School of Medicine at Yale from 1935 to 1940. Upon his return to New Haven, he will be director of the Jane Coffin Child Memorial Fund For Medical Research and editor of the journal, "Cancer Research" in addition to other duties.



## GENERAL BAYNE-JONES ASSUMES CIVILIAN ROLE (Continued)

Born in New Orleans, La., General Bayne-Jones is a graduate of Yale University and Johns Hopkins University Medical School. In 1915 he entered the Medical Reserve Corps. During 1917 and 1918 he served with British Expeditionary Forces in France and Italy and later with the AEF in France and Germany. He is holder of the British Military Cross, French Croix de Guerre and Silver Star with two Oak Leaf Clusters.

General and Mrs. Bayne-Jones' future address is 333 Cedar St., New Haven, Conn.

### ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY

(This is the First of Two articles on this Subject)

Experience gained by the Army in closely coordinating programs of health and safety in the industrial plants which it operated during the war can be of great future value to both workers and management in private industry, according to a recent statement by Maj. Gen. Norman T. Kirk, Surgeon General of the Army.

In reviewing the Army's war-time industrial hygiene program General Kirk said that small industries, which still employ a majority of American factory workers, may benefit particularly from the Army's industrial medical experience, although it is of potential benefit to any industrial plant.

During World War II the Army operated more than 500 industrial plants, employing well over a million workers at the peak of operations.

Specific, detailed regulations, enforced by the Army under the Surgeon General and the Provost Marshal, respectively, to safeguard the health and safety of employees in these plants were drawn up and enforced by the Army.

Though many of the workers in Army-operated plants were of necessity exposed to dangerous and toxic materials and processes, the over-all safety and health record was far better than that maintained in World War I, particularly in plants manufacturing ordnance supplies such as explosives, chemical warfare materials and the like.

Army experience showed that proper supervision of health and safety of employees could be carried out as successfully in small plants as in the larger industries, particularly where a number of small factories were located fairly near to one another.

Since employment of full time physicians, nurses and safety engineers in any one small plant usually would not be justified, the Army grouped together numbers of small plants in the same city, county or district to receive such services jointly under its war-time program. In this way both management and employees of small industries received benefits previously available for the most part only in larger industries maintaining their own private health and safety departments.



## ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY (Cont'd)

Benefits of this program could be continued in peace time, General Kirk suggested, if small industries located in the same general area would cooperate in hiring physicians and safety engineers to serve the entire group. Local hospitals, clinics, laboratories and other health facilities could be made use of, he said, to fulfill the same functions as similar services provided by the Army during the war in connection with its operation of industrial plants.

He cited specific cases of how close coordination between the medical and safety departments protected the health and safety of workers, increased production and efficiency, and reduced absenteeism and compensable injuries and illnesses.

One employee in an Army-operated plant who had a hearing defect and the skin disease known as acne was found to be working with a soluble oil solution and directly under a large overhead crane which used auditory warning signals. Although the man had a card from the medical department of the factory listing his defects and the kinds of work he should avoid, he had not shown this to his foreman. His work was changed to a job not liable to cause skin irritation and where he was in no danger of failing to hear warning signals.

A man with a history of coronary heart disease was found to be operating an overhead crane not equipped with a "dead man stop." This was even more dangerous to his fellow workers than to himself. He was transferred to a job requiring little walking and away from moving machinery.

Another overhead crane-handler, who returned to his prewar job after two years overseas with the Navy, told a safety investigator that he had lost confidence in his ability to handle the machine. The work was close and precise. When asked why he had a tremor of the hands and an anxious attitude, he said he was afraid he might hurt someone. He was not very busy and had nothing to do between jobs but sit and think. He was transferred to operating a lighter crane which kept him busier and where the work was less precise and dangerous.

Such results were obtained by careful and close cooperation between the medical and safety departments of the factory, providing protection of the individual worker against his own idiosyncrasies and mental and physical weaknesses. Investigators checked on each employee after he had been at work a week or two, visiting him on the job, endeavoring to determine whether the work he was doing was properly fitted to his or her particular physical and mental makeup. If not, a transfer was recommended for the protection of both the individual and his fellow-workers. Interviews with the employees also brought out any objections he might have to do the work he was doing and prevented future compensable complaints.



## ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY (Cont'd)

In cases where an employee was temporarily handicapped but not completely disabled by an injury or illness, it was arranged when possible to have him do sedentary work, one-handed work, light labor or part time work, thus avoiding complete loss of time.

Efforts were made to reduce occupational dermatitis by encouraging employees to keep clean and providing ample opportunity to do so. Workers were allowed to wash as often as they liked, whereas in some cases they previously had not been allowed to leave their machines except during lunch periods. Plentiful wiping cloths and small hand brushes were provided. Employees were instructed in personal hygiene and the inadvisability of wearing oil soaked clothing. Solutions used as cooling agents on machines, a potential cause of dermatitis, were purified as much as possible.

Dermatitis cases were carefully investigated and patch tests were given to determine whether the trouble was caused by materials with which employees came in contact. If so, the material or formula was changed if possible, sensitive individuals were not permitted to work with it, and protective gloves, sleeves and creams were provided.

Employees who made frequent visits to the medical department were tactfully investigated to learn whether their trouble might be caused by family difficulties poor adaptability to those around them, or lack of suitability to the job. A little well-chosen advice would be given where it appears desirable.

Chest x-rays were given to all workers in some cases and particularly to sand blasters, forge workers, welders, and others who might run a special danger of occupational lung complications. It was found that the psychological effect of this examination in itself tended to alleviate the fears of such workers. Workers and foremen both responded well to the medical-safety program, the Army found. Foremen cooperated well on observing safety regulations and workers in general entertained an attitude of respect and cooperation toward the medical department.

Industrial plants operated by the Army during the war embraced a wide range of manufacture and fabrication, including explosives, chemical agents, repair of motorized and aviation equipment, and military equipment of all kinds, plus vast storage depots which in some instances also functioned as repair shops. Many dangerous and toxic materials were made and utilized to an extent not found in ordinary industry.

One of the motives underlying the Army's industrial hygiene program was the conservation of man-hours of production, since experience has shown that both health and morale have a strong bearing on production rates. Many thousands of employees, women as well as men, were continuously working with dangerous and toxic substances and constant and vigilant coordination of health and supervision was absolutely essential.



## ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY (Cont'd)

Both medical officers and civilian physicians, together with civilian nurses and clerical assistants were used to handle the medical program. The program included: (a) Adequate treatment and after-care of occupational injuries and diseases; (b) Adequate emergency treatment for non-occupational conditions on the job in order to keep the employees at work and reduce lost time; (c) Adequate supervision of the physical condition of employees, so that no worker was put to work for which he was not fitted and so that diseases arising out of working conditions might be detected; (d) Adequate supervision of working conditions to control health hazards and toxic exposure.

### LEGION OF MERIT AWARDED 4 MEDICAL OFFICERS

In recognition of their services in the Medical Department, Major General Norman T. Kirk, The Surgeon General, pinned Legion of Merit medals on four officers at a special ceremony in his Pentagon office June 13.

Brigadier General Addison D. Davis, USA, was given the award for his outstanding services as Commandant of the Medical Field Service School, Carlisle Barracks, Carlisle, Pa., from April, 1941, until February, 1946. Twenty seven thousand Medical Department officers received training there and more than 4,600 officer candidates for Medical Administration Corps commissions were students at Carlisle.

Colonel Jenner G. Jones, MC., was decorated for outstanding service from March 1942, until August, 1943, and again from May, 1945, until December, 1945 as Chief, Station Branch; Chief, Issue Branch, and Deputy Chief, Supply Service of the Office of The Surgeon General.

Lieutenant Colonel James T. McGibony, MC, was cited for his exceptional services as Assistant and later Director, Hospital and Domestic Operations Division, Office of The Surgeon General, from July, 1944, to March 1946. He was administrative supervisor of all Army hospitals in the Zone of the Interior.

Lieutenant Colonel Baldwin H. E. W. Lucke, MC, who, as Deputy Director, Army Medical Museum, and as Deputy and Acting Director, Army Institute of Pathology, from March 1942, to February, 1946, performed outstanding services was the fourth officer decorated.

### ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL FRANCIS M. FITTS, MC, of Washington, D. C., formerly Office of Director of Military Training, Headquarters Army Service Forces, Washington, D. C. to Office of Personnel, Overhead.

COLONEL CHARLES S. MUDGETT, MC, of Fredonia, N. Y., formerly Headquarters 8th Army USA, Office of The Commanding General to Office of Personnel, Overhead.

COLONEL ROBERT P. REA, MC, of Corona Del Mar, Calif., formerly Headquarters



## ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

United States Forces European Theater to Office of Personnel, Overhead.

LIEUTENANT COLONEL KATHERINE BALTZ, ANC, of Chicago, Ill., formerly Ashford General Hospital, White Sulphur Springs, W. Va., to Nursing Consultants Division, Overhead.

LIEUTENANT COLONEL PHILIP J. NOEL, JR., MC, of Bowling Green, Kentucky, formerly Headquarters, United States Forces European Theater to Office of Personnel, Overhead.

LIEUTENANT COLONEL MAURICE A. SCHNITKER, MC, of Toledo, Ohio, formerly General Headquarters United States Forces, Pacific to Medical Consultants Division.

CAPTAIN HARRY L. GALLAGHER, MAC, of Winooski, Vermont, formerly MDRP Brooke, Army Medical Center, Fort Sam Houston, Texas to Office of Plans & Operations, Troop Units Service, Organization & Equipment Allowance Branch.

CAPTAIN WINSTON C. HALL, MC, of Toledo, Ohio, formerly Crile General Hospital, Cleveland, Ohio, to Physical Standards Division, Disposition & Retirements Branch.

CAPTAIN BEATRICE IT. RINGGOLD, WAC, of New York City, N. Y., formerly Quartermaster Depot, Camp Lee, Va., to Office of Personnel, Military Personnel Service, Office of the Chief.

1ST LIEUTENANT ARCHIE E. GROFF, MC, of Houston, Texas, formerly Station Hospital, Camp Fickett, Va., to Physical Standards Division, Induction & Appointment Branch.

## DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL ROBERT J. CARPENTER, MC, of Plainfield, Mass., formerly Executive Office, Overhead to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL JOHN K. DAVIS, MC, of Washington, D. C., formerly Office of Personnel, Overhead to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL ARTHUR FISCHER, MI, of Washington, D. C., formerly Preventive Medicine Service, Office of Chief to Detachment of Patients Walter Reed General Hospital, Washington, D. C.

COLONEL HARRY G. JOHNSON, MC, of Norfolk, Va., formerly Preventive Medicine Division, Civil Public Health & Nutrition Branch to US Forces Pacific.

COLONEL JOHN F. LIEBERMAN, MC, of Pine Bluff, Ark., formerly Physical Standards Division, Office of the Director to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL ISAAC R. TRIMBLE, MC, of Baltimore, Md., formerly Surgical Consultants Division to Separation Center, Fort George G. Meade, Md.

LIEUTENANT COLONEL JOHN W. APPEL, MC, of Philadelphia, Pa., formerly Neuropsychiatry Consultants Division to Separation Center, Fort George G. Meade, Md.

LIEUTENANT COLONEL ARTHUR C. BAIDEN, MC, of Pelham, N. Y., formerly Physical Standards Division, Office of the Director to Separation Center, Fort Dix, N. J.



DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

LIEUTENANT COLONEL GUSTAVE J. DAMMIN, MC, of New York, N. Y., formerly Preventive Medicine Division, Laboratories Branch to Separation Center, Fort Dix, N. J.

LIEUTENANT COLONEL WILLIAM T. DEVAN, MC, of Charleston, W. Va., formerly Office of Personnel, Overhead to Medical Division, Edgewood Arsenal, Md.

LIEUTENANT COLONEL ARTHUR P. LONG, MC, of Silver Spring, Md., formerly Preventive Medicine Division, Infectious Disease Control Branch to Separation Center, Fort Dix, N. J.

LIEUTENANT COLONEL OLIVER R. MCCOY, MC, of Rochester, N. Y., formerly Preventive Medicine Division, Environmental Sanitation Branch to Separation Center, Fort Dix, N. J.

LIEUTENANT COLONEL PHILIP J. NOEL, JR., MC, of Bowling Green, Kentucky, formerly Office of Personnel, Overhead to Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL GLEN C. PARMELTE, MAC, of Everett, Washington, formerly Office of Supply, Director for Supply to Separation Center, Fort Lewis, Wash.

LIEUTENANT COLONEL CORNELIUS B. PHILLIPS SnC, of Hamilton, Montana, formerly Historical Division, Administrative Branch to Separation Center, Fort Douglas, Utah.

MAJOR NEPHTUNE FOGELBERG, MAC, of Bethesda, Maryland, formerly Fiscal Division, Overhead to Separation Center, Fort George G. Meade, Md.

MAJOR ROSE E. GARRETT, MAC, of Washington, D. C., formerly Management Engineering Division, Overhead to Separation Center, Fort George G. Meade, Md.

MAJOR JOHN C. HANK, JR., MC, of Charlottesville, Va., formerly Physical Standards Division, Office of the Director to Separation Center, Fort George G. Meade, Md.

MAJOR EDWARD R. MALIA, MAC, of Greensburg, Pa., formerly Office of Plans & Operations, Deputy Director for Plans to Separation Center, Fort George G. Meade, Md.

MAJOR BROCKE B. MALLOY, MC, of Lexington, Va., formerly Physical Standards Division, Disposition & Retirements Branch to Separation Center, Fort George G. Meade, Md.

MAJOR STEPHEN W. RANSON, MC, of Chicago, Ill., formerly Neuropsychiatry Consultants Division to Separation Center, Fort Sheridan, Ill.

MAJOR JULIUS C. SEKSON, DC, of Denver, Colo., formerly Dental Consultants Division, Dental Standards Branch to Fitzsimons General Hospital, Denver, Colo.

MAJOR ROBERT G. SMITH, MAC, of Livingston, N. J., formerly Historical Division, Overseas Branch to Separation Center, Fort Dix, N. J.

MAJOR SAUL STEINBERG, MC, of Bryn Mawr, Pa., formerly Neuropsychiatry Consultants Division, to Separation Center, Fort George G. Meade, Md.

MAJOR MAURICE E. WASHBURN, DC, of Calfax, Wisc., formerly Office of Personnel, Military Personnel Service, Procurement, Separation & Reserve Branch to Army Medical Center, Washington, D. C.

CAPTAIN NATHANIEL S. APTER, MC, of Pittsburgh, Pa., formerly Neuropsychiatry Consultants Division to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN JUAN L. BEATTY, MDPT, of Ellsworth, Kansas, formerly Physical Medicine Consultants Division, Physical Therapy Branch to MDRP, Tilton General Hospital, Fort Dix, N. J.



## DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN AUSTIN F. BRUNNER, MC, of Philadelphia, Pa., formerly Physical Standards Division, Disposition & Retirements Branch to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN VERNOLA W. MCCULLOUGH, ANC, of Vernon, N. H., formerly Historical Division, Historical Research & Manuscripts Branch to MDRP, Tilton General Hospital, Fort Dix, N. J.

CAPTAIN JACK M. MOSELY, MC, of Monroe, La., formerly Physical Standards Division, Disposition & Retirements Branch to Separation Center, Camp Shelby, Miss.

CAPTAIN ROBERT J. RITTER, MAC, of Minneapolis, Minn., formerly Office of Plans & Operations, Deputy Director for Plans to JAGO, Washington, D. C.

CAPTAIN MAURICE L. STERN, MC, of New York, N. Y., formerly Physical Standards Division, Disposition & Retirements Branch to Separation Center, Fort Dix, N. J.

CAPTAIN JACK E. SWANDER, MC, of Boone, Iowa, formerly Physical Standards Division, Induction & Appointment Branch to Separation Center, Fort Leavenworth, Kansas.

CAPTAIN JAMES P. SWEARINGEN, MC, of Shreveport, La., formerly Physical Standards Division, Office of the Director, to Separation Center, Camp Shelby, Miss.

CAPTAIN RICHARD S. WOODRUFF, MC, of Pittsfield, Mass., formerly Physical Standards Division, Disposition & Retirements Branch to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN THEODORE R. DAKIN, MC, of Oak Park, Ill., formerly Physical Standards Division, Disposition & Retirements Branch to Detachment of Patients ASF Regional Station Hospital, Fort Sheridan, Ill.

1ST LIEUTENANT WILLIAM A. DEEMS, MAC, of Baltimore, Md., formerly Office of Personnel, Military Personnel Service, Assignments Branch to Separation Center, Fort George G. Meade, Md.

1ST LIEUTENANT BUELL B. WHITEHILL, MAC, of Pittsburgh, Pa., formerly Historical Division, Overseas Branch to Separation Center, Fort George G. Meade, Md.

## REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

COLONEL HOWARD W. DOAN, MC, of Executive Office, Overhead designated as Executive Officer.

COLONEL ARTHUR H. NYLEN, MC, transferred from Professional Administrative Service, Overhead to Physical Standards Division, Office of the Director & designated as Director of Physical Standards Division.

COLONEL REX Mc. McDOWELL, DC, of Dental Consultants Division, Dental Standards Branch, designated as Chief, Dental Standards Branch.

COLONEL WAYNE O. KESTER, VC, of Veterinary Consultants Division, Meat & Dairy Hygiene Branch designated as Chief of Meat & Dairy Hygiene Branch.

LIEUTENANT COLONEL WILLIAM E. JENNINGS, VC, of Veterinary Consultants Division, Animal Branch designated as Chief of Animal Branch.



REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL (Continued)

1ST LIEUTENANT WILLIAM L. MURDOCK, MAC, of Fiscal Division, Voucher Branch designated as Chief of Voucher Branch.

CAPTAIN RUSSELL O. PENNEPACKER, MAC, of Office Service Division, Mail & Records Branch, designated as Chief of Mail & Records Branch.

CAPTAIN WILLIAM M. HAMILTON, MAC, of Office of Supply, Distribution Service, Domestic Branch designated as Chief of Domestic Branch.

MAJOR R. L. PARKER, MAC, of Office of Supply, Distribution Service, Overseas Branch designated as Chief of Overseas Branch.

MAJOR JAMES R. FRANCIS, MAC, of Office of Plans & Operations designated as Executive Officer.

LIEUTENANT COLONEL JOHN H. VOEGTLY, MC, of Office of Plans & Operations designated as Deputy Director for Plans.

COLONEL BRYAN C. T. BENTON, MC, of Office of Plans & Operations designated as Deputy Director for Operations.

1ST LIEUTENANT ROBERT A. SHOOP, MAC, of Office of Plans & Operations, Hospital Service, Convalescent Services Branch designated as Chief, Convalescent Services Branch.

MAJOR DONALD CAMPBELL, MC, of Office of Plans & Operations, Medical Regulating Unit, designated as Chief, Medical Regulating Unit.

LIEUTENANT COLONEL LEE F. FERRELL, MC, of Office of Plans & Operations, Education & Training Service, Troop Training Branch, designated as Chief of Troop Training Branch, Chief of School Branch, & Chief of ROTC-CRC Branch.

LIEUTENANT COLONEL CARL T. DUBUY, MC, of Office of Plans & Operations, Troop Units Service, designated as Chief of Troop Units Service.

CAPTAIN HARRY L. GALLAGHER, MAC, of Office of Plans & Operations, Troop Units Service, Organization & Equipment Allowance Branch, designated as Acting Chief of Organization & Equipment Allowance Branch.

LIEUTENANT COLONEL FRED J. FIELDING, MC, of Office of Personnel, Military Personnel Service, Classification & Records Branch, designated as Acting Chief, Military Personnel Service.